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NMRC and WRAIR Team Up to Launch Joint West Africa Research Group in Nigeria

Released: 10/11/2016

From Naval Medical Research Center Public Affairs



Cmdr. James Lawler and Lt. Col. Julie Ake (WRAIR/MHRP) pose with dignitaries from the U.S. and Nigeria after the ribbon-cutting ceremony for JWARG in Nigeria. To Cmdr. Lawler's left are Maria Brewer, U.S. Deputy Chief of Mission in Nigeria; and Major General Ambimbola Amusu, Commander, Nigerian Army Medical Corps. Also pictured in the group is former NMRC Director for Field Laboratory Operations, Cmdr. (ret.) David Brett-Major. (Photo courtesy of U.S. Naval Medical Research Unit – No. 3 Public Affairs)

LAGOS, Nigeria - Nigerians possess a great love of formality and ceremony. Cmdr. James Lawler, Clinical Research Department Head, Biological Defense Research Directorate, Naval Medical Research Center (NMRC), was able to experience this first-hand when he participated in the official opening ceremony of the Joint West Africa Research Group (JWARG) in Nigeria, June 23, 2016.

The JWARG is a new collaboration between the Naval Medical Research Center (NMRC), the Walter Reed Army Institute of Research (WRAIR), and the U.S. Naval Medical Research Unit No. 3 Ghana Detachment. The mission is to support the Department of Defense's force health protection requirements for emerging infectious disease while building partnerships in West Africa to address lessons observed in the 2014-2015 outbreak of Ebola virus disease (EVD).

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The JWARG opening ceremony was the culmination of the five-day Tropical/Emerging Infectious Diseases Clinical Training program hosted in Lagos by the WRAIR Military HIV Research Program. This intensive didactic and laboratory practicum provided training to JWARG physician collaborators from Nigeria, Ghana, and Liberia, and will support JWARG clinical research protocols as well as health system preparedness for emerging infectious disease emergencies. The curriculum included lectures on dangerous viral diseases such as Ebola and Lassa fever in addition to more common tropical diseases such as malaria and invasive Salmonellosis. An afternoon was spent at the 445 Nigerian Air Force Hospital Center of Excellence Training Laboratory for hands-on malaria microscopy and diagnostic testing.

“It was a fabulous week. What is great about this type of interaction is we always end up learning as much from our collaborators as they do from us,” said Lawler.

The opening ceremony was attended by dignitaries from the U.S. Mission in Nigeria and Nigerian Armed Forces. The event was widely covered in Nigerian paper and electronic media. U.S. Deputy Chief of Mission, Maria Brewer, delivered comments to commemorate the occasion. She was joined by the Nigerian military’s version of the Surgeon General, Major General Abimbola Amusu, who provided a formal commissioning of JWARG in Nigeria and commented on the importance of U.S. and Nigerian military health research collaboration.

The JWARG collaboration was born from post-hoc assessments of DoD’s role in the West Africa EVD epidemic. DoD redirected residual funds from the counter-Ebola effort to strengthen existing West Africa DoD medical research activities in order to prevent a repeat of 2014 and to build DoD’s ability to provide life-saving countermeasures for tropical and emerging infectious disease threats. In addition to its core DoD participants, JWARG also consists of academic collaborators from such prestigious civilian institutions as the Broad Institute of the Massachusetts Institute of Technology and Harvard University, and Redeemer’s University in Nigeria.

Although in existence for less than a year, the JWARG team has already conducted training modules for malaria diagnostics and clinical care and has sponsored collaborator participation in genomics training and laboratory management in Boston.

NMRC’s Austere Environments Consortium for Enhanced Sepsis Outcomes (ACESO) program is a key component of the JWARG effort. Lawler is also the ACESO Principal Investigator and believes ACESO’s mission to improve survival for sepsis patients in resource-constrained settings fits well within the mandate of JWARG.

“Key elements for improving sepsis survival include earlier recognition of sepsis and improved clinical management and supportive care. If you look at it, these were the pieces that could have made a huge impact early on in the Ebola epidemic,” said Lawler. “The same innovations and clinical practice guidelines we are developing for military use could enhance the ability of our West African partners to respond to a new outbreak of emerging infectious disease. That is why we were extremely excited to launch our first observational sepsis protocol for Africa in Kumasi, Ghana this summer.”

JWARG is planning a second clinician training course to be held in Liberia in the spring of 2017.

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